**Environmental Public Health Tracking**
**Advisory Group Meeting**
**April 23, 2003**

**The next meeting will be August 6th, from 9 a.m. to 12 p.m. The meeting will be held at the Department of Environmental Quality (DEQ) in Helena, 1529 East Sixth Avenue, Helena, across the street from the State Library in room # 111.**

Attendees:

Jim Aspevig, HAN Project
Mike Billings, DPHHS Operations & Tech. Div.
Patricia Butterfield, MSU College of Nursing

Rick Chiotti, OPI
Sib Clack, IDEA Project
Dan Dennehy, Butte/Silverbow Health Dept.
Jim Edger, VitalStatistics
Tom Ellerhoff, DEQ
Todd Harwell, Chronic Disease Bureau
Dana Headapohl, St. Patricks, Missoula, Occupational Medicine
Heidi Hickes, Dept. of Agriculture
Wade Hill, MSU College of Nursing
Andrij Holian, UM Center for Environmental Health Sciences
Kammy Johnson, CDC Epidemiologist
Vonda Lancaster, American Cancer Society
Deborah Lemons, Tumor Registry
Marjean Magraw, Project Coordinator
Amy McGann, American Cancer Society, Regional Office
Darren Steiner, External Systems Bureau
Lou Olcott, Bio-monitoring Project
Joanna Oreskovich, BRFSS
Dick Paulsen, American Lung Association
David Ponder, Mont PIRG

John Schroeck, Chronic Disease & Health Promotion Section
John Sery, HIS-Environmental Health
Jeanne Siefert, Dawson County Health Dept.
Mike Spence, State Medical Director
Dan Strausberg, ATSD
Diana Vanek, UM Center for Environmental Health Sciences
Sandy Wagner, citizen advocate from Libby

Additional Attendees:

Jack Ellery, Northrop-Grumman Speaker
Ron Baldwin, Northrop-Grumman
Milt Dahl Northrop-Grumman
Chris Ohler, Express Personnel Services

Marjean Magraw welcomed everyone to the meeting and asked attendees to sign in. Travel reimbursement forms were available for those who needed them. She asked attendees to introduce themselves and state what program, group or view they represent. Marjean explained that Environmental Public Health Tracking project is in the planning phase and that it's important to get input from a variety of stakeholders. She introduced Mike Spence who is Director of the Project and the State Medical Director, and Kammy Johnson, a CDC Environmental Epidemiologist on assignment in Montana. Marjean said they haven't hired an Environmental Epidemiologist for the project yet and that Kammy would assist in the mean time.

Mike Spence gave a presentation which provided an overview and history of the Environmental Public Health Tracking Project. He said that the idea for a national system to track chronic diseases and environmental hazards began after the Pew Environmental Health Commission pulled together a brain trust of corporate executives, scientists, politicians, etc. to study some of the major health care problems prevalent in the U.S. and how they might be addressed. Out of the discussions it was noted there was a disconnect between chronic disease data and data on possible environmental causes. The commission recommended that a program be funded to link chronic diseases data with data related to environmental contamination. He explained that there are many different databases that are silos of information but that they don't "talk" to each other and have no direct link at the current time. He explained that through national and state legislation they were able to obtain funding for the Environmental Public Health Tracking Program, which is a pilot project to develop the infrastructure in the state to be able to start to address this issue. The funding is for five years at about $500,000 per year. We are in the first year and are in the process of writing the non-competitive application for next year's funding. This new application will take the project through September 2004. He stated that Montana is linked with a Center of Excellence, the University of California at Berkley.

Mike gave an overview of the tracking program, explaining that it is an epidemiologic program that emanates from the National Center for Environmental Health at the CDC and that the goal of the NCEH is to have this program available in all 50 states so that the infrastructure will be in place eventually to link environmental data with chronic disease and birth defects data. Mike said that a remote goal is intervention but that during the first two or three years they won't be making big changes in the way business will be done, he said things won't happen that fast, but they hope in that time, they will be able to link databases to gather information that will guide them in making reasonable and rational health policy decisions. Dr. Spence went on to give examples of types of toxicants that are tracked and the diseases that emanate from exposures. Mike went over Montana's major industries and how these relate to environmental health and exposure. (See presentation hand-out)

Marjean talked about the Year 1 Objectives for the Environmental Health Tracking Project. A handout was passed out which outlined the six objectives and activities defined under each objective. The six objectives are:

1. Assess and build the environmental health capacity of Montana DPHSS
2. Complete a Comprehensive Inventory of MT Environmental Health Surveillance Systems
3. Develop and enhance existing partnerships with key stakeholder organizations.
4. Assess Capacity, Awareness and Training Needs of Public Health Staff and Physicians Related to Environmental Health.
5. Assess the awareness and needs of Montana citizens regarding environmental health.
6. Develop/enhance priority health effects, exposure, and hazard surveillance systems and health communication strategies.

Marjean explained that there was a delay in hiring staff caused by a DPHHS hiring freeze, and the hiring process didn't begin until January 2003.

Marjean said it was really important to receive feedback from committee members to help the project identify concerns, resources, and barriers. The perspective of each committee member is

important. A roundtable discussion of resources, concerns, environmental hazards and health effects that are concerns in MT followed. The following is a composite of responses:

Barriers and Concerns

- Minimal training for physicians & providers related to EH
- Lack of coordination
- Lack of info. for patients and population
- What successes will be seen
- Education needs
- Small sample size
- Patterns of vulnerable people (mobile)
- Public education
- HIPPA compliance
- Rural outreach cultural competency

Health Effects

- Chronic disease – comp. CA programs
- Missoula – asthma tracking schools/hospitals
- Resp. illness – Libby
- Neurodegenative diseases
- Hearing
- Lung Diseases
- Birth defects
- Kids health
- Cancers
- MS

Resources

- Educators – Univ. research – knowledge/info
- Linking databases
- Willingness to collaborate between agencies
- UM also hiring epidemiologist
- Web-based community tool box
- Community health centers – MT
- Consolidation of Fed/Tribal/County and State
- Ag. database – extensive (pesticide etc.)
- Msla. Monitoring – monitoring indoor
- Tools for schools
- Safe home programs
- ATSDR/EPA databases
- Biomonitoring Consortium started 1 yr ago. Research on contaminants in MT written summary completed
- Network of partners – small state
- BRFSS – collects info on health behaviors since '84
- PRAMS – pregnancy risk management database
- IDEA Project – integrated silo databases
- MBOMS – birth defects monitoring
- HAN – alert network/tech. Assist
- Butte – experience & hazards – networking
- Tumor Registry – database

Environmental Hazards

- Human Exposure
- Air Pollution/Smoke
- Libby – Asbestos
- Coal Bed Methane By-products
- Radon
- Metals – Arsenic, lead, mercury, cadmium
- Indoor and outdoor air quality, homes and schools
- Chemicals (meth labs & pesticides)
- Butte – largest superfund site tailings
- Agriculture chemicals

Resources continued:

- Am. Cancer Soc. – advocacy policy community needs, community assessment for nat'l office. CDC data
- Vital statistics
- Dawson County – blood profiles
- Kammy Johnson CED-EPI worked at NCES

Marjean noted that all members should have received at copy of " Development of a Chronic Disease Registry to Improve the Health of Montanans: Feasibility Issues and Recommendations for Implementation". She called attention to page 16, chapter 1: criteria for prioritization of disease and exposures to be tracked and considerations in selecting tracking conditions. These recommendations will

be useful as we identify issues of concerns and begin to prioritize potential pilot projects over the next year.

Jack Ellery, representative of Northrup-Grumman (formerly TRW) gave a presentation on "Considerations for Linking Databases". A booklet was handed out. Issues presented were:

- Scope of Data Linking
  Identification of major environmental, exposure, and health tracking databases, the disparity between them and linking them together to have secured Internet access.
- Recipe for Success
  - Establish the mission and vision
  - Determine the goals and objectives
  - Create management structure to support critical success factors
    Jack stated that because of the size of the group a governance/executive council should be created to take care of the major decisions.
  - Secure adequate funding and appropriate State and Federal Approvals
    Funding is of major importance to the project, as well as getting all the proper "sign offs" from all people/agencies that will be looking "over shoulders" from funding, technology, etc. perspectives.
  - Involve key stakeholders in the planning process.
- Identifying Critical Success Factors
  - Senior level sponsorship extremely important
  - Adopt methodologies to help prevent project becoming derailed
  - Create Project Steering Committee
  - Project is huge so define scope in bite-size pieces
  - Defining critical data to support cause-and-effect conclusions should be one of project's major tasks
  - Biggest challenge will be to define business rules and processes. Necessary to have way to get different codes for same item from different systems to translate into the same item.
  - Define the dynamics of data sharing. When to report an event/something of significance
- High-Level Project Tasks
- Project Approach
  Timeline for planning and implementation is 50-50. Time invested in the planning phase is critical to success of project. It takes the same process to develop pilot program as it does the program.
- Technology is the Most Manageable Part
  The components are all there, the tricky part will be putting the pieces together
- Mission: Linked Data
  Integration and compatibility
- Challenges to Linking Data
  There are several challenges, but one the biggest will be maintaining data confidentiality and security. Also very important to provide "open architecture" to ensure flexibility for integration of new programs and systems in the future.
- Results of Integration

Mike Spence suggested that they outline tasks and define what they want to do and what will be addressed at the next meeting; to give some thought as to what might be priorities. He said they were also going to do some assessments. Mike asked Andrij if his pilot project on asthma would be operational by August.

Andrij stated that the plan was to have the pilot initiated by the end of May so they could get a sense of the problems. He didn't think they would have any answers but would be better able to identify problems. He will present information about this pilot project at the next meeting

Lou stated that it would be helpful to define ways that each member could contribute and perhaps form committees/task forces to contribute to areas of expertise and interest once major areas are defined. She noted it would be more feasible to have some members meeting more frequently so they could make better use of their time.

Mike thought it would be a good idea to discuss further at the next meeting what types of committees they should organize, and that they will also look at what the other states are doing. He said members should e-mail Marjean their ideas of what committees should be formed. Possible ideas are: data linking, education/dissemination, environmental hazards, health effects

Patricia Butterfield mentioned that on the CDC website, Environmental Public Health Tracking pages, there is a short summary of each state that received funding for the environmental public health tracking project: http://www.cdc.gov/nceh/tracking/

Joanne Oreskovich noted that the Behavior Risk Factor Surveillance Survey (BRFSS) has potential environmental health core questions that are being considered for addition to all states' yearly surveys. There are also 2 optional modules of environmental health questions that states can choose to add. These are questions that could be added for the 2004 survey. Marjean and Mike will following up with Joanne. The potential questions will be added to the end of the minutes.

Marjean will send a contact list out to everyone with email, addresses, and phone numbers. She asked members about the format of the meetings, should there be a facilitator, steering committee, executive co-director, and if they had any thoughts on the structure.

It was agreed that this meeting went well, and that as long there is a good agenda a facilitator wasn't really necessary.

It was stated that between now and next meeting they would work on getting the assessment tools together and would send feedback to members.

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Meeting adjourned at 12 p.m.

Below are the potential questions developed by CDC that could be added to the Montana BRFSS survey.

# Proposed Environmental Factors Core Questions

## Section X: Environmental Illness

**X.1 In the past 12 months have you had an illness that you think was caused by something in the air or water where you have ever lived or worked, not something you caught from others?**

**1 Yes**
**2 No**
**7 Don't know**
**9 Refused**

**X.2 Do you think it was something in the air, the water, or both?**

**(xx)**

**1 Air**
**2 Water**
**3 Both**
**7 Don't know**
**9 Refused**

# Proposed Home Environment Module

## Module Z: Home Environment

1. What is the main source of your drinking water?

*(PLEASE READ)*
1 A city or town water supply
2 A private well serving only your home
3 Bottled or vended water
4 Other source

7 DK
9 REF

2. Do you have a water filter on your home water line or faucet?
*[INT NOTE: DO NOT INCLUDE FILTERS ON WATER PITCHERS OR BOTTLES]*

1 Yes
2 No
7 Don't know
9 Refused

3. In the past 12 months, on how many days were pesticides, sprays, or chemicals used inside your home to kill bugs, mice, or other pests?

*(PLEASE READ)*
1 None
2 1-5 days
3 6-11 days
4 12 or more days

7 DK
9 REF

4. In the past 12 months, on how many days were pesticides or chemicals used in your yard to kill plant, animal, or insect pests?

*[INT NOTE: INCLUDE LAWN CARE SERVICE]*

*(PLEASE READ)*
1 None
2 1-5 days
3 6-11 days
4 12 or more days

6 DON'T HAVE A YARD
7 DK
9 REF

# Proposed Indoor Air Quality Module

## Module Y: Indoor Air Quality

1. Is your home heated with a furnace that burns oil, gas, coal, or other fuel?

(yyy)

1 Yes
2 No
7 Don't know
9 Refused

2. In the past 12 months, on how many days have you used a wood or coal stove, fireplace, or kerosene heater inside your home?

(yyy)

*[Please read]*
1 None
2 1-5 days
3 6-20 days
4 21-60 days
5 > 60 days

7 Don't know
9 Refused

3. Does your home have any of the following appliances powered by natural gas: a stove, a clothes dryer, or an oven?

(yyy)

1 Yes
2 No
7 Don't know
9 Refused

4. A carbon monoxide or CO detector checks the level of carbon monoxide in your home. It is not a smoke detector. Do you have a CO detector in your home?

(yyy)

1 Yes
2 No
7 Don't know
9 Refused

5. Do you currently have mold in your home on an area greater than the size of a dollar bill?

(yyy)

1 Yes
2 No
7 Don't know
9 Refused